

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395199	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/04/2023
NAME OF PROVIDER OR SUPPLIER: ABBEYVILLE SKILLED NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 ABBEYVILLE ROAD LANCASTER, PA 17603		
STATE LICENSE NUMBER: 231302					
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F 0000	INITIAL COMMENT	F 0000			
F 0689	Based on a Medicare/Medicaid Recertification, Civil Rights Compliance, and State Licensure Survey, completed on May 4, 2023, it was determined that Abbeyville Skilled Nursing and Rehabilitation Center, was not in compliance with the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0689			
SS=E					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0689 SS=E	Continued from page 1 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 0689	F0689 The statements on this plan of correction ("POC") are not an admission to and do not constitute an agreement with the alleged deficiencies. The POC is prepared and/or executed solely because it is required by Federal and State Law. F0689- Free of Accident Hazards/Supervision/Devices 1. CORRECTIVE ACTION FOR AREAS AFFECTED: Resident 30 was identified as an elopement risk. Resident is on the locked unit, care plan for risk of elopement and elopement risk assessment completed and care plan updated for elopement risk for resident 30. Resident 119 was discharged from the facility Against Medical Advice on 05/05/2023. 2. OTHER AREAS AFFECTED: An initial elopement assessment will be completed on all current	Completion Date: 06/20/2023 Status: APPROVED Date: 05/24/2023	

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F 0689 SS=E	Continued from page 2	F 0689	<p>residents, if elopement risk is identified the IDT will update care plan and interventions as appropriate.</p> <p>An initial audit will be complete to identify if any other residents are utilizing electric wheelchairs and therapy will screen residents for ability to safely use electric wheelchairs.</p> <p>An initial audit will be completed to identify any other residents that smoke, any residents identified will be re-educated that Abbeyville Skilled Nursing and Rehabilitation being a non-smoking facility, smoking is prohibited in, on, or immediately surrounding the premises. Signage posted and POA's will be made aware.</p> <p>An initial audit was completed in all residents' rooms to verify no medications were left at the bedside.</p> <p>3. SYSTEMIC CHANGES TO</p>		

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F 0689 SS=E	Continued from page 3	F 0689	<p>PREVENT FUTURE OCCURRENCES: (Audits to begin on or before 5/22/2023, with a "Date Certain" of June 13, 2023</p> <p>Licensed nursing staff will be re-educated by the Director Of Nursing/Designee to complete elopement assessment upon admission, quarterly, and with change in behavior as appropriate and care plans to be updated if needed.</p> <p>All Staff and residents admitted to the facility are advised that Abbeyville Skilled Nursing and Rehabilitation is a non-smoking facility and will sign the Smoke-Free Center Acknowledgement Form upon admission. Licensed nursing staff will be re-educated by the Director Of Nursing/Designee If a newly admitted resident is identified as a smoker, doctors will be notified to offer smoking cessation aids such as nicotine gum or patches.</p> <p>All new residents identified with or</p>		

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F 0689 SS=E	Continued from page 4	F 0689	<p>current residents requesting to use power wheelchairs will be assessed with therapy to validate they are able to safely navigate electric wheelchairs in the facility prior to use.</p> <p>Licensed nursing staff will be re-educated by the Director Of Nursing/Designee on oral medication administration procedure, with emphasis to no medications may be left at bedside for any reason</p> <p>4. MONITORING OF CORRECTIVE ACTION: The Director of Nursing/designee will conduct weekly audits on all admissions and weekly random audits on current residents for the next 60 days to ensure that newly admitted residents are assessed for elopement risk and current residents are assessed for elopement risk quarterly, and with change in behavior as appropriate and care plans to be updated if needed.</p>		

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F 0689 SS=E	Continued from page 5	F 0689	<p>The Director of Nursing/designee will conduct weekly audits for the 60 days on admissions to ensure that newly admitted residents are advised that we are a non-smoking facility, that the Smoke-Free Center Acknowledgement Form is signed upon admission. Weekly random audits will be completed by NHA/designee walking rounds conducted to ensure no smoking is happening in or on the property of the facility.</p> <p>The Director of Nursing/designee will conduct weekly audits for the 60 days on admissions to ensure that newly admitted residents and any current resident that request use of an electric wheelchair have been screened by therapy for safety prior to use.</p> <p>The Director of Nursing/designee will conduct random weekly Medication Administration audits of</p>		

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F 0689 SS=E	Continued from page 6	F 0689	<p>at least 5 nurses per week across all shifts along with walking rounds to monitor safety in medication administration and ensure no medications are left at bedside.</p> <p>Results of the all the audit will be reported to the Quality Assurance Performance Improvement Committee monthly.</p>		

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F 0689 SS=E	<p>Continued from page 7</p> <p>Based upon review of facility policies and procedures, observation, interview and clinical record review, it was determined the facility failed to assess residents for elopement for one of 32 residents reviewed (Resident 30) and failed ensure the safety of residents involving resident smoking, use of an electric wheelchair and medications for one of 32 residents reviewed (Resident 119).</p> <p>Findings include:</p> <p>Review of facility policy titled Elopement of Patient with a revision date of October 24, 2024, states "Identify patient's elopement risk upon admission, re-admission, quarterly, or with a significant change in condition". Further review of the facilities elopement policy revealed Social Services should also evaluate a residents elopement risk when conducting a social service assessment.</p> <p>Review of facility policy and procedure titled "Smoking", revised October 24, 2022, revealed</p>	F 0689			

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F 0689 SS=E	Continued from page 8 "Those Centers that wish to become smoke-free must receive approval from the Market President For Centers that choose to have a smoke-free building or campus: smoking in any form through the use of tobacco products (pipes, cigars and cigarettes) or 'vaping' with electronic cigarettes is prohibited; the policy is applicable to all persons including staff, volunteers, contractors, patients and visitors; a smoke-free campus includes all Center property and premises including inside and outside of Center buildings, grounds, and parking areas including Center and personal vehicles in the parking area." Further review of this policy revealed "For Centers that allow smoking, smoking (including the use of e-cigarettes) will be permitted in designated areas only. Patients/Residents (hereinafter 'patient') will be assessed on admission, quarterly and with change in condition for the ability to smoke safely and, if necessary, will be supervised." Further review of this policy revealed "Supervised	F 0689			

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F 0689 SS=E	Continued from page 9 smoking is defined as "The observer must be in the direct area of the smoker, within eye contact and able to respond to emergency situations." Further review of this policy revealed "The patient/patient representative will sign the Smoke-Free Center Acknowledgement Form. Failure to comply with this policy may result in: disciplinary action up to and including termination for employees; initiation of a discharge plan for patients; request to leave the premises for volunteers, contractors and visitors." Further review of this policy revealed "For centers that allow smoking: safety equipment such as a fire blanket and portable fire extinguishers will be available within or near the designated smoking area(s)." Further review of this policy revealed "Smoking supplies (including, but not limited to, tobacco, matches, lighters, lighter fluid, batteries, refill cartridges, etc.) will be labeled with the patient's	F 0689			

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F 0689 SS=E	Continued from page 10 name, room number and bed number, maintained by staff, and stored in a suitable cabinet kept at the nursing station. Patients will not be allowed to maintain their own lighter, lighter fluid or matches." Further review of this policy revealed "If there is a 'willful' disregard for safety to others or the Center is jeopardized by a patient's disregard for the smoking policy, termination of smoking privileges or initiation of a discharge plan may occur." Review of facility policy and procedure titled "Medication Administration Oral", revised June 1, 2021, revealed "Stay with patient until the drug has been swallowed. Ask patient to open mouth if uncertain whether medication has been swallowed." Review of Resident 30's clinical record revealed the following diagnosis: bipolar disorder, unspecified (A major affective disorder marked by severe mood swings), Vascular dementia (A degenerative vascular disorder affecting the brain), anxiety disorder (A mental health disorder characterized by	F 0689			

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F 0689 SS=E	<p>Continued from page 11</p> <p>feelings of worry), Psychotic disorder with delusions (disorder in which a person can't tell what's real from what's imagined).</p> <p>Observations conducted on May 1, 2023, at approximately 10:15 a.m. in the Arcadia unit (a locked memory care unit) observed Resident 30 with exit seeking behavior, Resident R30 attempted to open two locked door which led to the Roosevelt unit.</p> <p>Review of Resident 30's MDS (Minimum Data Set, used for standardized assessments) revealed the Resident had a BIMs (Brief interview for Mental Status) of 99, which means Resident R30 was unable to complete the interview due to cognitive impairment.</p> <p>Review of Resident 30's clinical record revealed the facility did not complete an elopement assessment (assessment used to determine a resident's risk for elopement).</p>	F 0689			

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F 0689 SS=E	<p>Continued from page 12</p> <p>Review of Resident 30's care plan failed to find any care areas or interventions related to mitigating or preventing Resident 30's exit seeking behaviors.</p> <p>Interview conducted with the social services department confirmed that the facility did not complete an elopement assessment for Resident 30. Social services also confirmed they did not evaluate Resident 30 for elopement.</p> <p>At the time of the survey, this facility was a non-smoking facility. Smoking privileges were extended to Resident 119 due to Resident 119's outrageous behaviors.</p> <p>Review of Resident 119's diagnosis list revealed diagnoses including prostate cancer, thoracic spine fracture and paraplegia.</p> <p>Observation of Resident 119 on May 1, 2023, at 8:30 a.m. revealed Resident 119 outside the facility on the sidewalk, unattended, putting a coat over the head and lighting a cigarette.</p>	F 0689			

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F 0689 SS=E	<p>Continued from page 13</p> <p>Observation of Resident 119 on May 1, 2023, at 11:49 a.m. revealed Resident 119 smoking outside the facility on the sidewalk unattended.</p> <p>Interview with Employee E3 on May 1, 2023, at 11:51 a.m. revealed Resident 119 is to be attended while outside smoking and is to obtain all smoking materials at the front desk from the receptionist prior to exiting the facility to smoke and is to return the materials when smoking is complete. The interview further revealed Resident 119 did not stop at the receptionist desk to obtain smoking materials and Resident 119's lighter was missing from the closet where it was supposed to be kept. The interview further revealed Resident 119 frequently does not stop at the reception desk prior to or returning from smoking and frequently refuses to relinquish smoking materials when requested.</p> <p>Observation of Resident 119 on all days of the survey revealed Resident 119 outside of facility smoking unattended.</p>	F 0689			

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F 0689 SS=E	<p>Continued from page 14</p> <p>Review of Resident 119's clinical record failed to reveal evidence of a smoking evaluation and failed to reveal evidence of a care plan for smoking.</p> <p>Multiple interviews with the Nursing Home Administrator and Director of Nursing on all days of the survey revealed Resident 119 was granted permission to smoke after conversation with Resident 119 and a representative from the county Ombudsman's office. Smoking rules and regulations were explained to Resident 119 as well as the county Ombudsman. Resident 119 used blatant disregard for all rules set forth by the facility. Resident 119's smoking privileges were rescinded on day three of the survey.</p> <p>The facility failed to ensure the safety of residents in the facility by allowing Resident 119 to continue to smoke despite blatant disregard for the rules and regulations, continued to maintain smoking materials on his person or in his room, and allowing Resident 119 to smoke ad lib without supervision.</p>	F 0689			

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F 0689 SS=E	<p>Continued from page 15</p> <p>Observation of Resident 119 on three days of the survey revealed Resident 119 utilizing a motorized wheelchair in an unsafe manner throughout the facility.</p> <p>Observation of Resident 119 revealed Resident 119 utilizing the motorized wheelchair at unsafe speeds and continually pushing the horn while speeding throughout the facility causing other residents to rush out of the way of Resident 119 and the motorized wheelchair.</p> <p>Review of Power-Mobility Indoor Driving Assessment Score Sheet dated August 26, 2022, revealed Resident 119 was able to operate the motorized wheelchair in a safe manner.</p> <p>Review of nurse practitioner progress note dated April 21, 2023, revealed "Observed patient riding with his legs elevated at 90 degrees angle. Staff expressed concern as patient speeds in the hallway with motorized wheelchair, bump into people and walls, discussed motorized wheelchair safety with</p>	F 0689			

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F 0689 SS=E	Continued from page 16 patient encouraging slow speed, avoiding running into other staff or residents and refraining from riding with legs at 90-degree angle or in an elevated position. Patient advised safety infractions persist, due to safety concerns for him and others, he may benefit from a standard wheelchair rather than a motorized wheelchair. Advised patient due to the safety concerns listed above, unsupervised LOA would not be medically suitable at this time." Interview with residents at a group meeting on May 2, 2023, at 10:00 a.m. revealed Resident A stated "[Resident 119] drives too fast and is reckless. I am afraid I might get hit leaving my room. There's going to be a bad accident and he comes up behind people, beeping the horn." Further interview with residents at the group meeting revealed Resident B stated, "I feel threatened by him, and he honks the horn." Interview with the Nursing Home Administrator and the Director of Nursing on May 3, 2023, revealed	F 0689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395199	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/04/2023
NAME OF PROVIDER OR SUPPLIER: ABBEYVILLE SKILLED NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 ABBEYVILLE ROAD LANCASTER, PA 17603		
STATE LICENSE NUMBER: 231302					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0689 SS=E	<p>Continued from page 17</p> <p>that one safety evaluation was completed for the use of the motorized wheelchair and no further safety assessments were completed. However, many discussions were held with Resident 119 along with Resident 119's Ombudsman regarding Resident 119's disregard for the safety of other residents while Resident 119 utilized the motorized wheelchair.</p> <p>The interview further revealed Resident 119 is non-compliant with safety requirements set forth for the use of the motorized wheelchair.</p> <p>The facility failed to ensure the safety of residents in the facility by allowing Resident 119 the continued unsafe use of the motorized wheelchair.</p> <p>Observation on May 2, 2023, at 11:30 a.m. revealed Resident 119 approach surveyor with a medication cup containing seven pills.</p> <p>Resident 119 stated "this was left on my table beside my bed and I am taking it to the Director of</p>	F 0689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395199	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/04/2023
NAME OF PROVIDER OR SUPPLIER: ABBEEVILLE SKILLED NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 ABBEEVILLE ROAD LANCASTER, PA 17603		
STATE LICENSE NUMBER: 231302					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0689 SS=E	<p>Continued from page 18</p> <p>Nursing right now. They always do this, and I never get them on time." Surveyor accompanied Resident 119 to the Director of Nursing's office to report medications left on bedside table.</p> <p>Upon completion of investigation, it was determined that medications were left on the bedside table by Licensed Employee E4 on the 11-7 shift between May 1, 2023, and May 2, 2023.</p> <p>Review of Licensed Employee E4's statement revealed "Nurse reports that he did leave the medications at bedside, and further stated [resident] asked months ago to have his medications delivered at 5:00 a.m. and he asked specifically to have them placed on his nightstand. [resident] refuses to take his medications otherwise. This became an issue when his cancer meds were to be given 2 hours prior to meals and he expressed concerns that he wasn't getting his meds early enough, so I changed the time of administration to 5:00 a.m. At that time, he began to request his meds be left at bedside and he would take them upon waking. He refuses to</p>	F 0689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395199	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/04/2023
NAME OF PROVIDER OR SUPPLIER: ABBEYVILLE SKILLED NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 ABBEYVILLE ROAD LANCASTER, PA 17603		
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F 0689 SS=E	<p>Continued from page 19</p> <p>take his medications otherwise. He is usually awake until night staff comes in to make rounds around the building and count staffing. He makes a few laps around then he goes to bed. He's never awake for the 5:00 a.m. med pass, but he continues to request his meds be administered that early."</p> <p>Interview with the Director of Nursing on May 2, 2023, at 1:00 p.m. revealed that Licensed Employee E4 did, in fact, leave the meds at the bedside per resident's request. Resident 119 had not been assessed for self-administration of medications and the medications should not have been left at the bedside.</p> <p>The facility failed to ensure medications were administered safely according to facility policy and procedure.</p> <p>28 Pa. Code 201.18(a)(b)(1)(2)(3) Management</p> <p>28 Pa. Code 211.12(c). Nursing services</p>	F 0689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395199	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/04/2023
NAME OF PROVIDER OR SUPPLIER: ABBEEVILLE SKILLED NURSING AND REHABILITATION CENTER STATE LICENSE NUMBER: 231302		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 ABBEEVILLE ROAD LANCASTER, PA 17603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0689 SS=E	Continued from page 20 28 Pa. Code 211.10(c) Resident care policies	F 0689		



Certified End Page

ABBEEVILLE SKILLED NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 231302

SURVEY EXIT DATE: 05/04/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY